PROGRESS REPORT DUE DATES

Cumulative Progress Report Schedule and Coverage		
Date Progress Report Due to DEPARTMENT		Grant Period Covered by Progress Report
First Reporting Period Progress Report:	October 15, 2008	July 1, 2008 thru September 30, 2008
Second Reporting Period Progress Report:	January 15, 2009	July 1, 2008 thru December 31, 2008
Third Reporting Period Progress Report:	April 15, 2009	July 1, 2008 thru March 31, 2009
Final Reporting Period Progress Report:	July 15, 2009	July 1, 2008 thru June 30, 2009

The PCRH reserves the right to request additional information and/or corrections to the Progress Reports *before* GRANT payments are authorized. The Progress Reports may be submitted by the following method:

Hard copies will be accepted as meeting the deadline if they are received through the U.S. mail on the date they are due. The mailing address is:

> **Office of Primary Care and Rural Health**
> **Utah Department of Health**
> **P.O. Box 142005**
> **Salt Lake City, Utah 84114-2005**

Hard copies will be accepted as meeting the deadline if they are received through a non-U.S. Mail package system or hand delivered to PCRH by 5:00 p.m. on the due date. The street address is:

> **Office of Primary Care and Rural Health**
> **Utah Department of Health**
> **3760 South Highland Drive, Suite 404**
> **Salt Lake City, Utah 84106**

PENALTIES

A penalty of $100.00 per work day may be assessed for late or incomplete Progress Reports. A penalty of $150.00 per work day may be assessed for a late or incomplete Final Progress Report (due no later than July 15, 2009). The penalty may be assessed until a complete, accurate report has been submitted and approved. It must contain **_all_** the information specified in these Progress Report Instructions and Tables including the identifying information, financial information, all the narrative information required for that reporting period, and correct statistical tables. If GRANTEE funds have already been expended, these penalties may be applied to future grant awards given to a GRANTEE under the State Primary Care Grants Program.

Please remember that information on the Progress Report is required and must be submitted in one (1) complete packet.

1   "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

2   "Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2008 through June 30, 2009.

2008-2009 State Primary Care Grants Program   Attachment F
Progress Reports Instructions and Tables, and as amended   Page 2 of 4
Cumulative Progress Reports - State Primary Care Grants Program
Office of Primary Care and Rural Health, Utah Department of Health

Name of Grantee _____

Name of Grant: 2008-2009 SPCGP-*"Name of Project"* _____

Name of individual responsible for completing this report _____

Telephone (   ) _____ Fax (   ) _____

Please Check ONLY One (1) Box:		Reporting Period Covered by This Progress Report:
Due Date: October 15, 2008	☐	July 1, 2008 through September 30, 2009
Due Date: January 15, 2009	☐	July 1, 2008 through December 31, 2009
Due Date: April 15, 2009	☐	July 1, 2008 through March 31, 2009
Due Date: July 15, 2009	☐	July 1, 2008 through June 30, 2009
Other Due Date:	☐	Please List Reporting Period:

1. **Encounter [1] information**
   Include only Encounters that were Funded by 2008-2009 State Primary Care Grants Program-*Name of Project* Funding. *Do Not* include Encounters that were *Not Funded* with 2008-2009 State Primary Care Grants Program-*Name of Project* Funding.

Baseline Data for Your Agency		Primary Care Grant Encounters	
Total number of encounters [1] for your "**Agency's**" most recent fiscal year	Projected total number of patient encounters [1] for the primary care grant	Total number of primary care grant patient encounters [1] for the Reporting Period	Number of *new* primary care grant patient encounters [1] for the Reporting Period

**For the Tables 2 through 5, Please Use Actual Figures, or
Best Estimates of Users Funded by the Grant**

2. **Users [2] by Age**
   Include only Users who Received Services that were Funded by 2008-2009 State Primary Care Grants Program-*Name of Project* Funding. *Do Not* include Users that were Provided Services that were *Not Funded* with 2008-2009 State Primary Care Grants Program-*Name of Project* Funding.

Age Groups	Number of Users [2]
0 - 19	
20 - 64	
65 and over	
Total Users [2]	

1   "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

2   "Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2008 through June 30, 2009.

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Cumulative Progress Reports - State Primary Care Grants Program
Office of Primary Care and Rural Health, Utah Department of Health

Name of Grantee _____

Name of Grant: 2008-2009 SPCGP-*"Name of Project"* _____

Name of individual responsible for completing this report _____

Telephone (_____) _____ Fax (_____) _____

3. Users [2] by Income Level
Include only Users who Received Services that were Funded by 2008-2009 State Primary Care Grants Program-*Name of Project* Funding. *Do Not* include Users that were Provided Services that were *Not Funded* with 2008-2009 State Primary Care Grants Program-*Name of Project* Funding.

Percent of Poverty Level	Number of Users [2]
100% and below	
101 - 200%	
Above 200%	
Unreported/unknown	
Total Users [2]	

4. Total Users [2] by Insurance Status
Include only Users who Received Services that were Funded by 2008-2009 State Primary Care Grants Program-*Name of Project* Funding. *Do Not* include Users that were Provided Services that were *Not Funded* with 2008-2009 State Primary Care Grants Program-*Name of Project* Funding.

Number Users [2] Uninsured	Number Users [2] Underinsured

5. Users [2] by Race/Ethnicity
Include only Users who Received Services that were Funded by 2008-2009 State Primary Care Grants Program-*Name of Project* Funding. *Do Not* include Users that were Provided Services that were *Not Funded* with 2008-2009 State Primary Care Grants Program-*Name of Project* Funding.

Race/Ethnicity	Number of Users [2]
Asian	
American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Hispanic or Latino	
Other	
Unreported or Unknown	
Total Users [2]	

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2008-2009 State Primary Care Grants Program   Attachment F
Progress Reports Instructions and Tables, and as amended   Page 4 of 4
Cumulative Progress Reports - State Primary Care Grants Program
Office of Primary Care and Rural Health, Utah Department of Health

Name of Grantee _____

Name of Grant: 2008-2009 SPCGP-*"Name of Project"* _____

Name of individual responsible for completing this report _____

Telephone (_____) _____ Fax (_____) _____

For Questions 6 through 10,
Please Limit Your Response to Each Question to No More than One Page

6. Check *ONLY* One (1) Box: ☐ Yes   Do you continue to maintain a "specified account" for funding
                                     ☐ No.   awarded under the GRANT? If No, please explain.

7. Check *ONLY* One (1) Box: ☐ Yes   Do you continue to use and maintain a "tracking methodology"
                                     ☐ No.   for patients and encounters provided services under the
                                                       GRANT? If No, please explain.

Include only Users[2] and Encounters[1] that were Funded by 2008-2009 State Primary Care Grants Program-*Name of Project* Funding. *Do Not* include Users[2] and Encounters[1] that were *Not Funded* with 2008-2009 State Primary Care Grants Program-*Name of Project* Funding.

8. Please summarize, *to date*, each of your Project specific *activities* and *outcomes* related to the Project services and objectives outlined in this GRANT. In responding, please review each Project service and objective as listed in this GRANT under Section C. SERVICES, items 6. and 7. You should also refer to other Progress Report(s) you have provided during the current GRANT PERIOD.

9. Please describe "how" your Agency has met your Project services and objectives, as outlined in this GRANT, by providing specific *measures* and *evaluation of success*. If the Project services and objectives have not been met, please state any concerns that you may have in meeting those Project services and objectives, and provide an explanation of your plan of action to meet the Project services and objectives. In answering this question, you should refer to other Progress Report(s) provided during the current GRANT PERIOD.

10. *Optional*: If there is other information that you would like to provide about your Project services and objectives, implementation of those Project services and objectives, or the need for your Project, please describe.

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